NATURAL FIRES 2000: MEDCAPS AND A MASS CASUALTY EVENT IN KENYA

OP MED Symposium: 9 FEBRUARY 2001

PANEL MEMBERS

- CDR Robert Alonso, MC, USN
  - Group Surgeon, 1st Force Service Support Group
- CDR Bruce Meneley, MC, USN
  - Group Medical Officer, COMPHIBGRU 3
- LCDR Brian Lewis, NC, USN
  - Group Nurse, COMPHIBGRU 3
- ENS Steve Bailey, MSC, USN
  - S-3, 1st Medical Battalion

Order of Briefing

C-JTF Surgeon Issues

- **NAVFOR Component Surgeon Issues**
- **MARFOR/BSSG-1 Issues & MEDCAP**
- **Mass Casualty Event and Related Issues**
- **Lessons Learned Summary**
- **Questions and Answers**

C-JTF Surgeon Issues

CDR Robert Alonso, MC, USN

AFRICA

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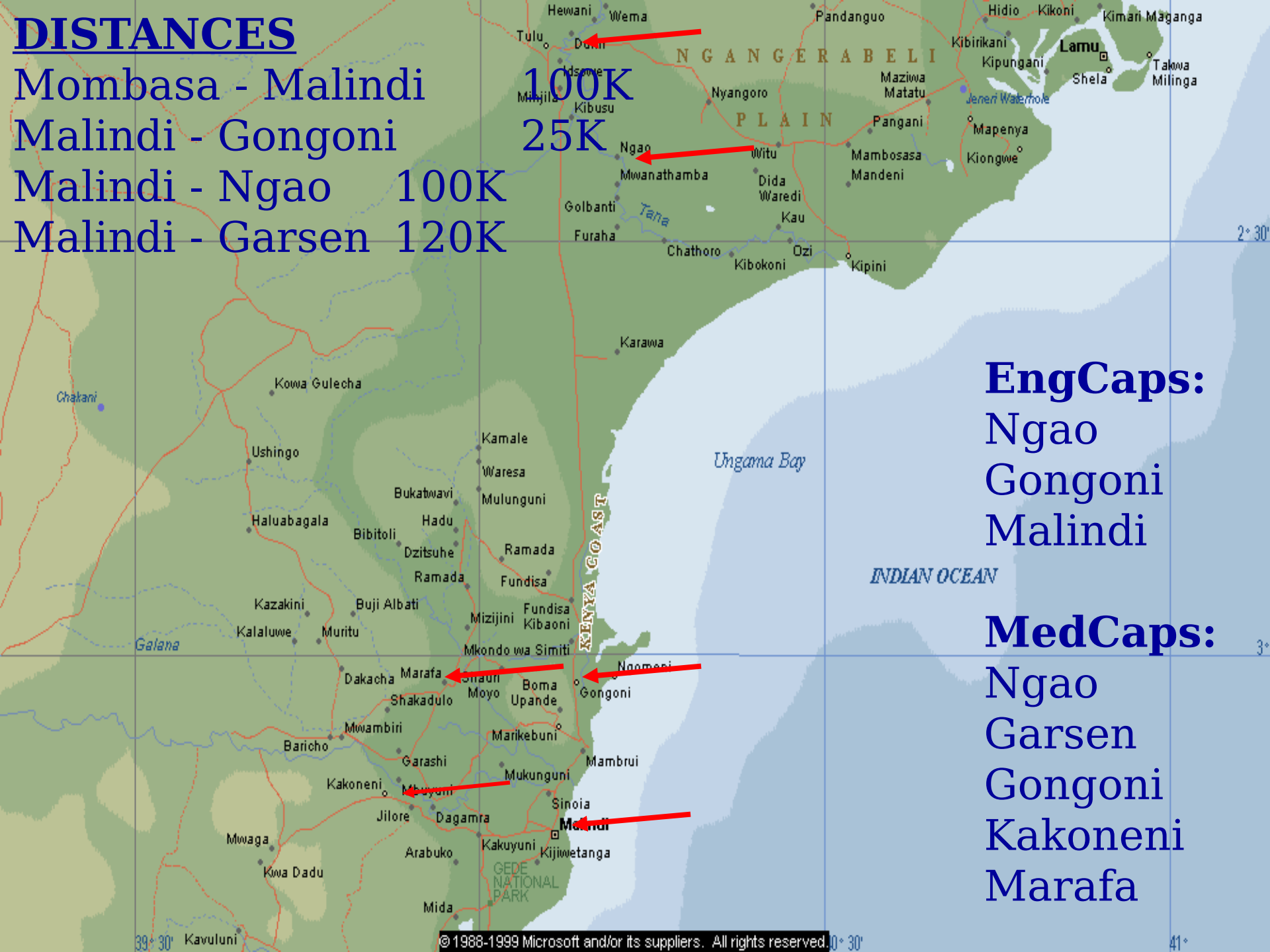
DISTANCES
Mombasa - Malindi 100K
Malindi - Gongoni 25K
Malindi - Ngao 100K
Malindi - Garsen 120K
EngCaps:
Ngao
Gongoni
Malindi
MedCaps:
Ngao
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Kimari Maganga
Kibirikani
Lamu
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Shela
Takwa
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NGANGERABELI
PLAIN
Nyangoro
Maziwa
Matatu
Jeneri Waterhole
Pangani
Mapenya
Kiongwe
Mambosasa
Mandeni
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Ngao
Mwanathamba
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Tana
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Karawa
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Kamale
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Bukatwavi
Haluabagala
Hadu
Bibitoli
Dzitsuhe
Ramada
Fundisa
Kazakini
Buji Albati
Mizijini
Kalaluwe
Muritu
Galana
Mkondo wa Simiti
KENYA COAST
Ungama Bay
INDIAN OCEAN
Dakacha
Marafa
Shauri Moyo
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GEDE NATIONAL PARK
Mida
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2° 30'
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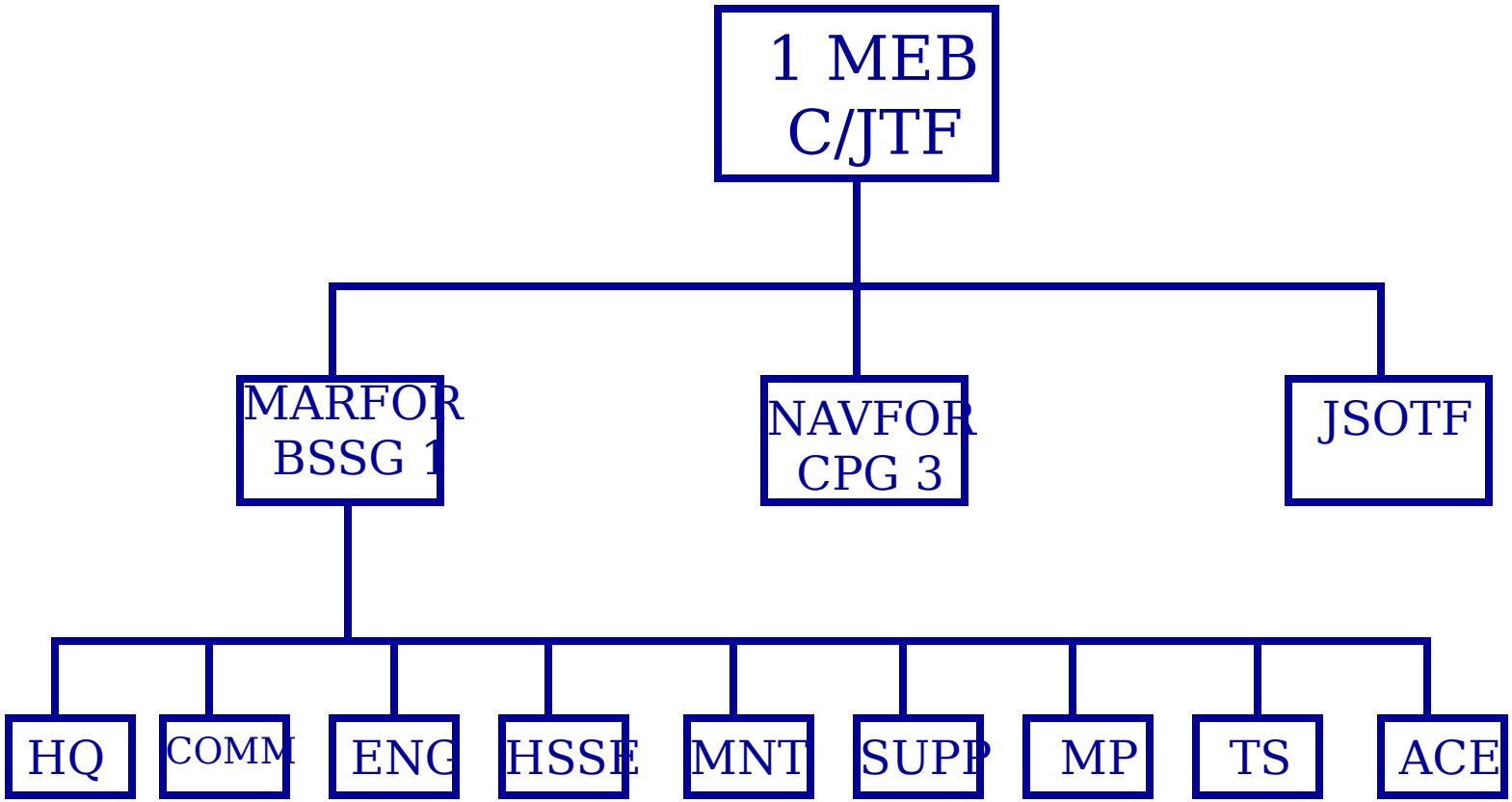
C/JTF MISSION

USCENTCOM, KDOD, UPDF, and TPDF deploys combined forces to the East African Region to conduct a Combined/Joint Multi-National Humanitarian Assistance JTF Exercise with U.S., Kenyan DOD, Uganda and Tanzania Peoples Defense Forces. Conduct Humanitarian and Civic Assistance Projects (ENCAP/MEDCAP/DENCAP/VETCAP and Multi-Lateral Training) in conjunction with Natural Fire 00 (exercise 1st MEB CE's deployability and employability in an HA/DR Scenario). Conduct Native Fury 00 (MPF Offload) as part of Natural Fire and incorporate Native Fury objectives and capabilities into Natural Fire 00.

Command Relationships



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PHASE II
DEPLOYMENT
28 APRIL
ACE 48 PAX
UGANDA
SOMALIA
Kisumu
Nakuru
Kisii
Musoma
Victoria
Lake
Mount Kenya 5199 m
(17,057 ft)
Equator
Tana
Jamaam
Buur Gaa
Lamu
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MOUNTAINS
Dodoma
Zanzibar
Morogoro
Dar es Salaam
34°
42°
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PHASE II
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30 APRIL
MSC SHIP OFFLOAD
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PHASE II
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Morogoro
Zanzibar
Dar es Salaam
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PHASE II
DEPLOYMENT
4 MAY
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Mkalama
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Dodoma
Morogoro
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Zanzibar
Mombasa
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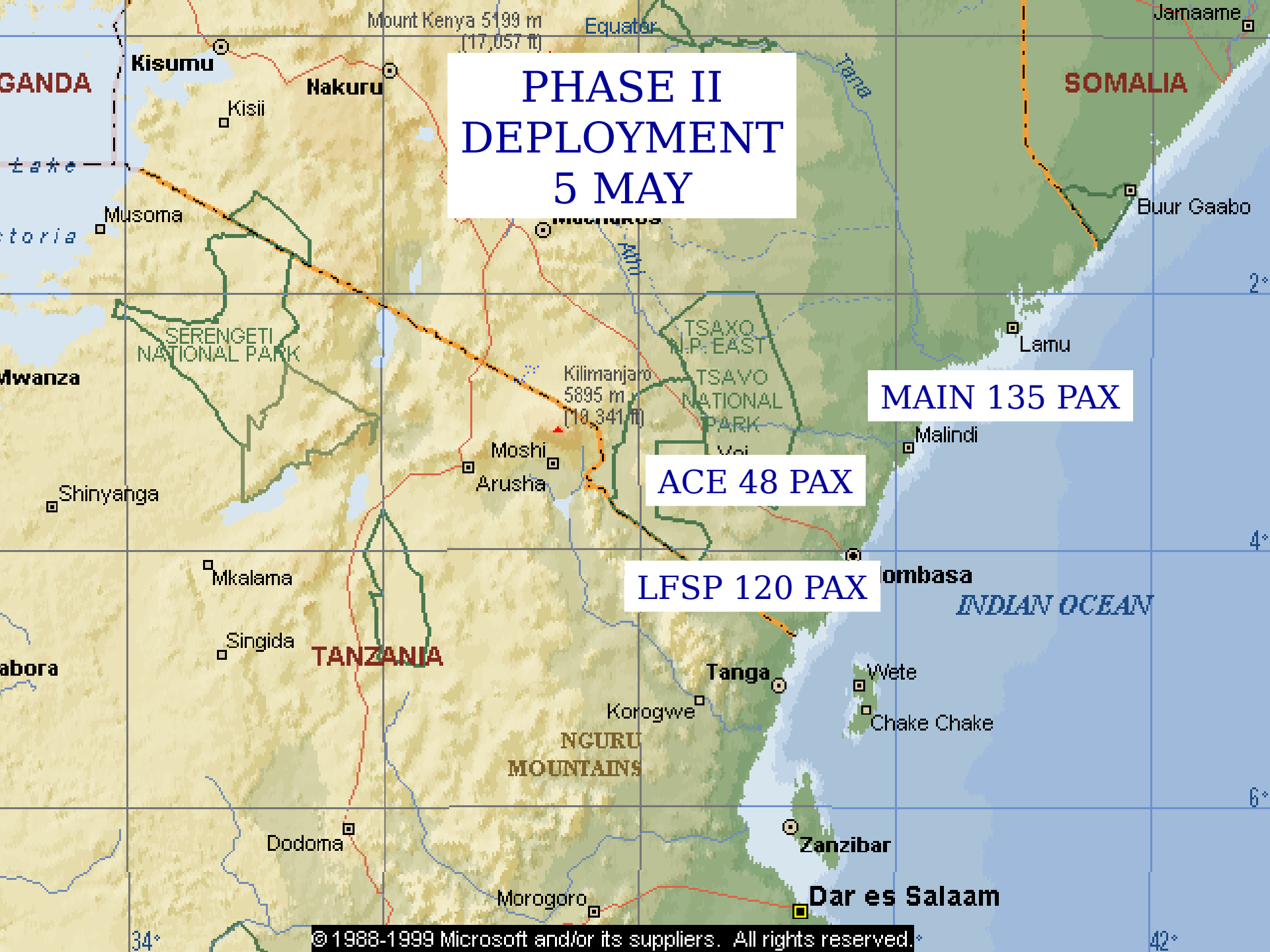

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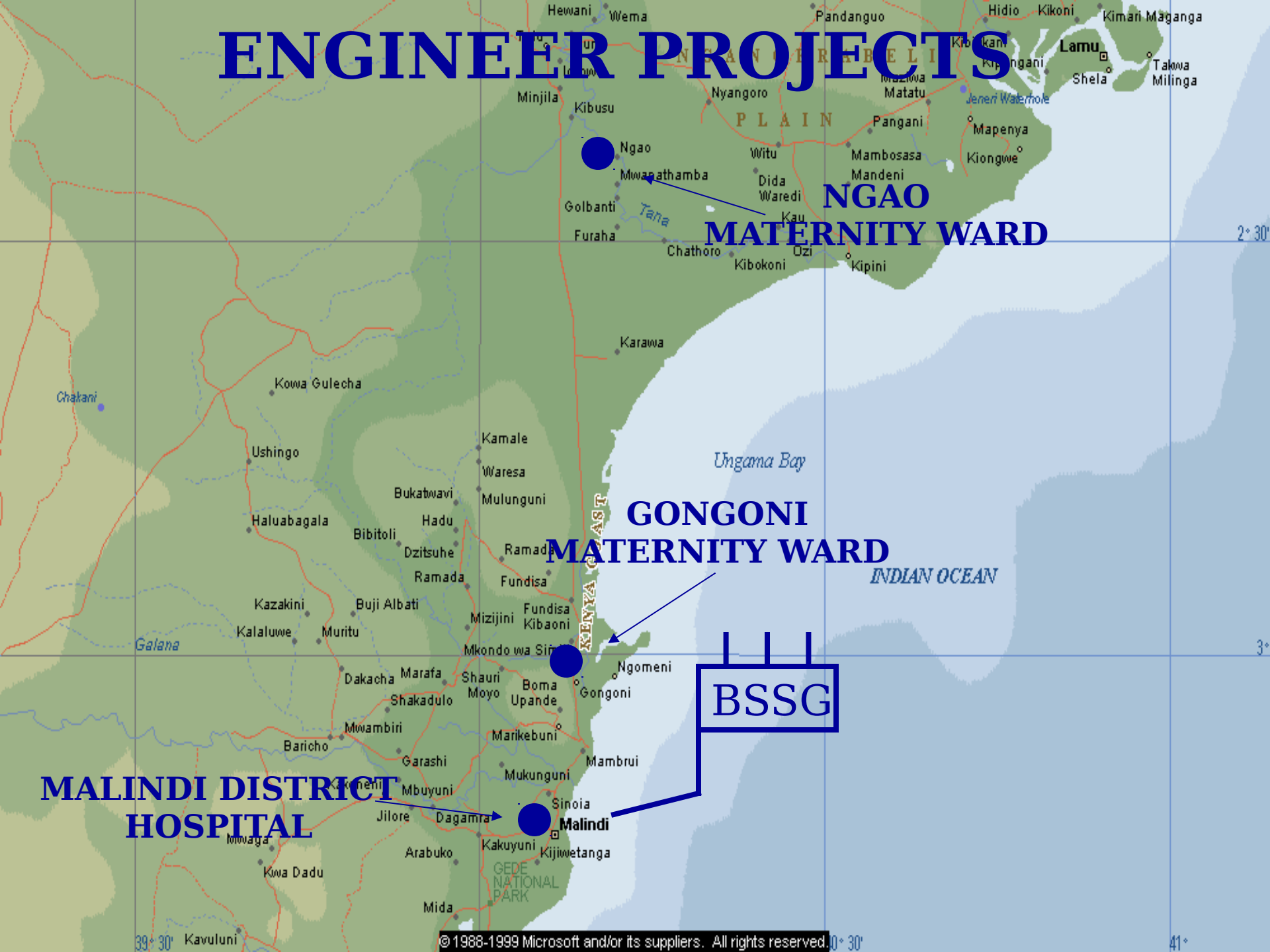
ENGINEER PROJECTS



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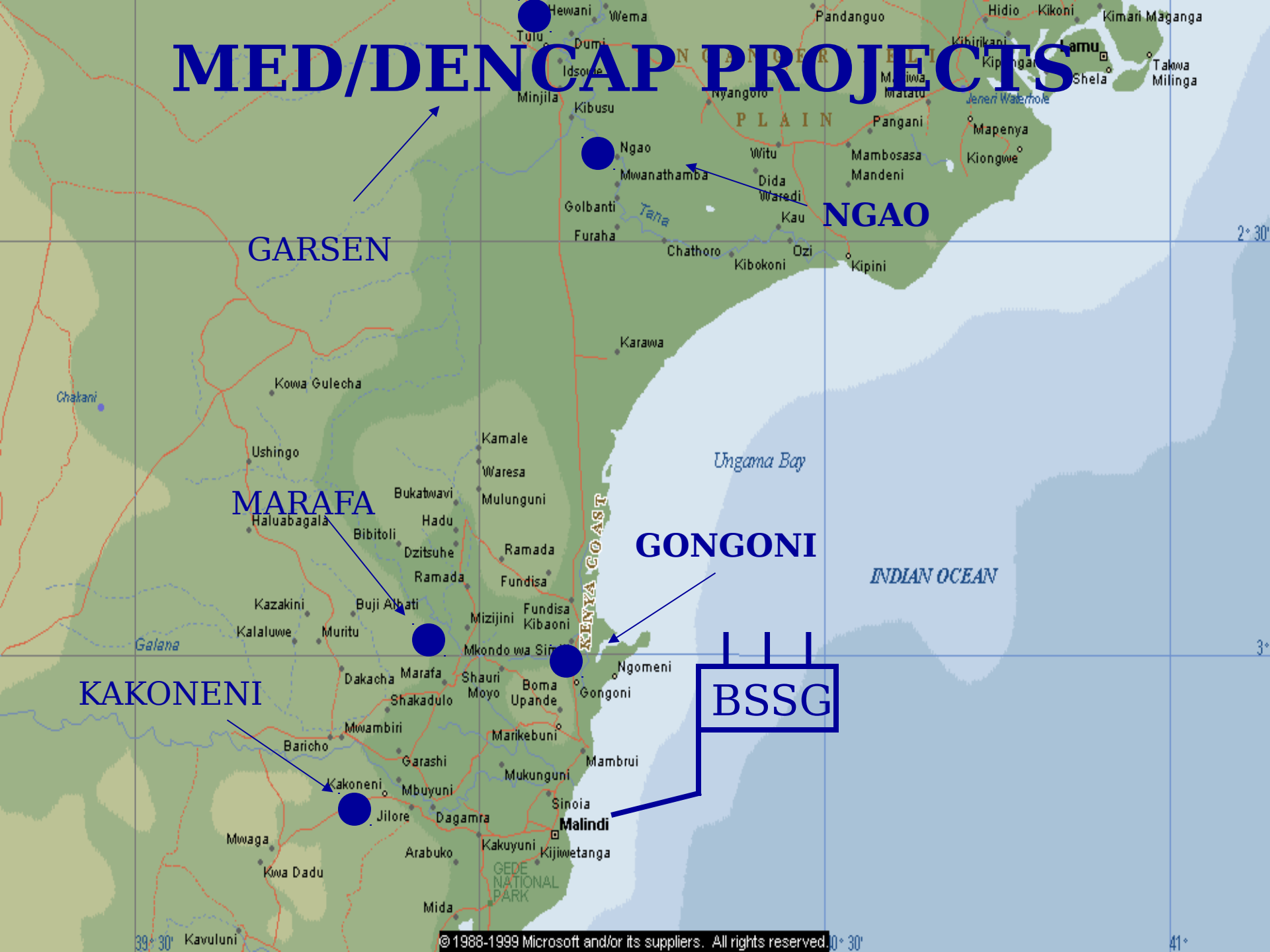
MED/DENCAP PROJECTS
GARSEN
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KAKONENI
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Tulu
Dumi
Idsowe
Minjila
Kibusu
Ngao
Mwanathamba
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Chathoro
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Karawa
Pandanguo
Hidio
Kikoni
Kimari Maganga
Lamu
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Takwa
Milinga
Kibirikani
Nyangoro
Matatu
Jeneri Waterhole
PLAIN
Pangani
Mapenya
Kiongwe
Witu
Dida
Waredi
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Mandeni
Kowa Gulecha
Chakani
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Haluabagala
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Baricho
Marikebuni
Garashi
Mukunguni
Mambrui
Kakoneni
Mbuyuni
Sinoia
Jilore
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Malindi
Mwaga
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GEDE NATIONAL PARK
Mida
Kavuluni
2° 30'
3°
39° 30'
40° 30'
41°
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PROJECT HANDCLASP:

1. HUMANITARIAN AID PROGRAM

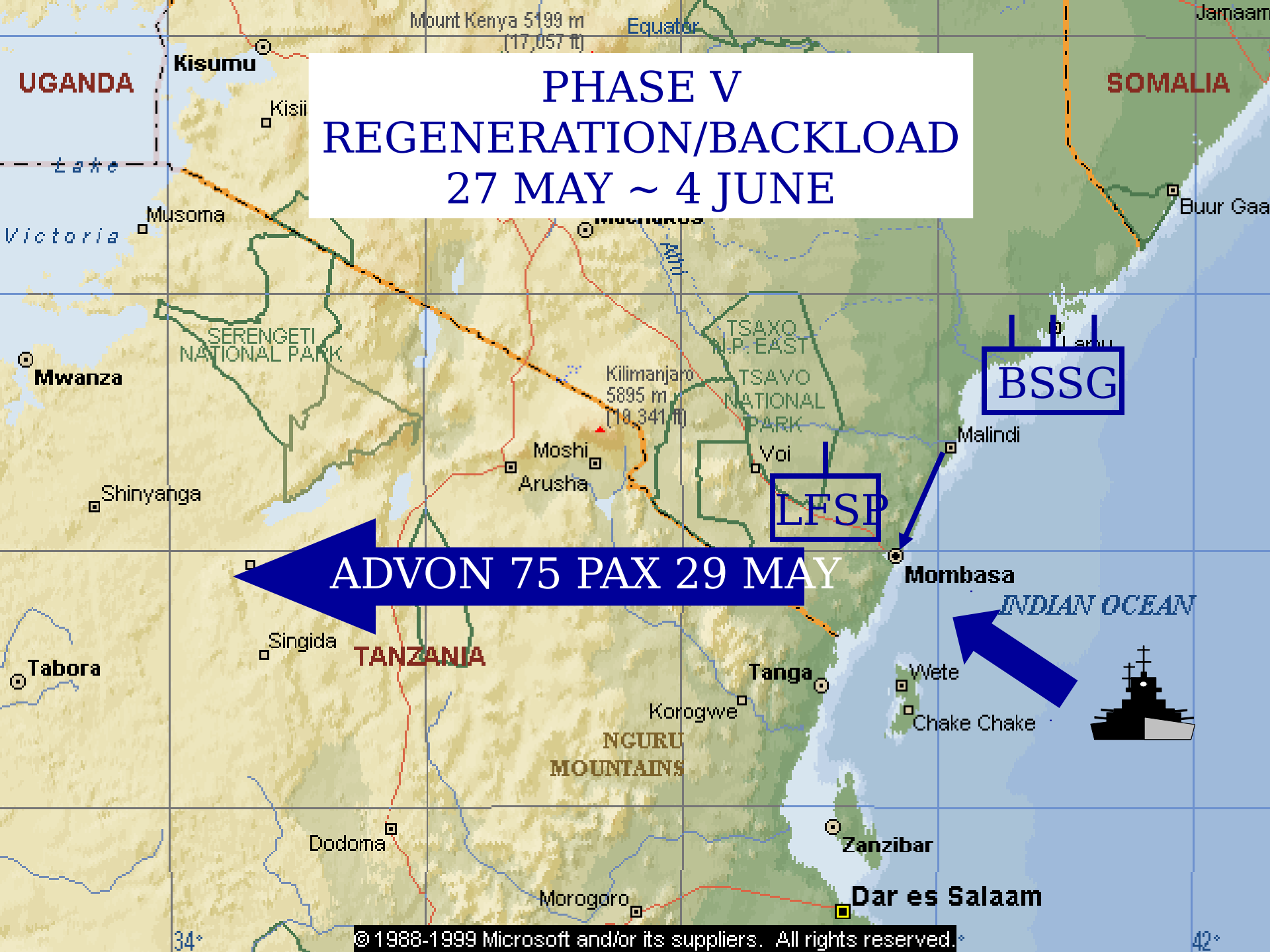
2. TOTAL OF 13 PALLETS SHIPPED:
   - 3 MIXED MEDICAL SUPPLIES
   - 3 SCHOOL TEXTBOOKS AND LIBRARY BOOKS.
   - 1 WRITING PAPER AND CRAYONS
   - 3 PERSONAL HYGIENE ITEMS
   - 3 RE-HYDRATION/ELECTROLYTE DRINK MIX

3. MEDICAL SUPPLIES WILL BE DISTRIBUTED TO THE PROVINCIAL MEDICAL OFFICER AND HIS AIDES.

4. OTHER MATERIALS WILL BE DISTRIBUTED TO THE APPROPRIATE/IDENTIFIED AUTHORITIES AT EACH

Force Protection

- Concept of Force Protection
  - Physical security at billeting site
  - Physical security at project sites
  - Physical security at equipment lot
  - Transportation security
  - Subsistence security
  - Emergency Action Plans (EAPs)



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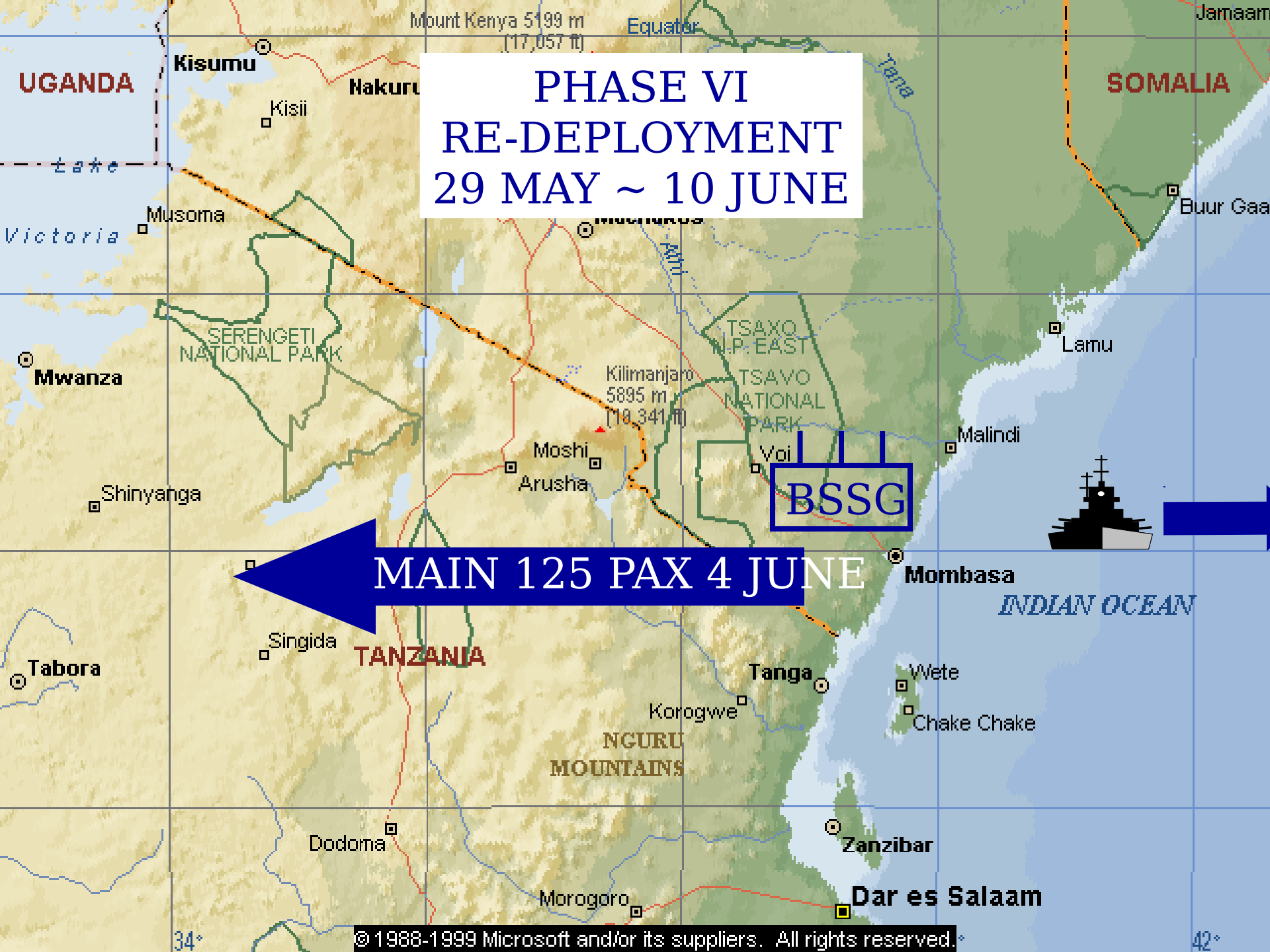

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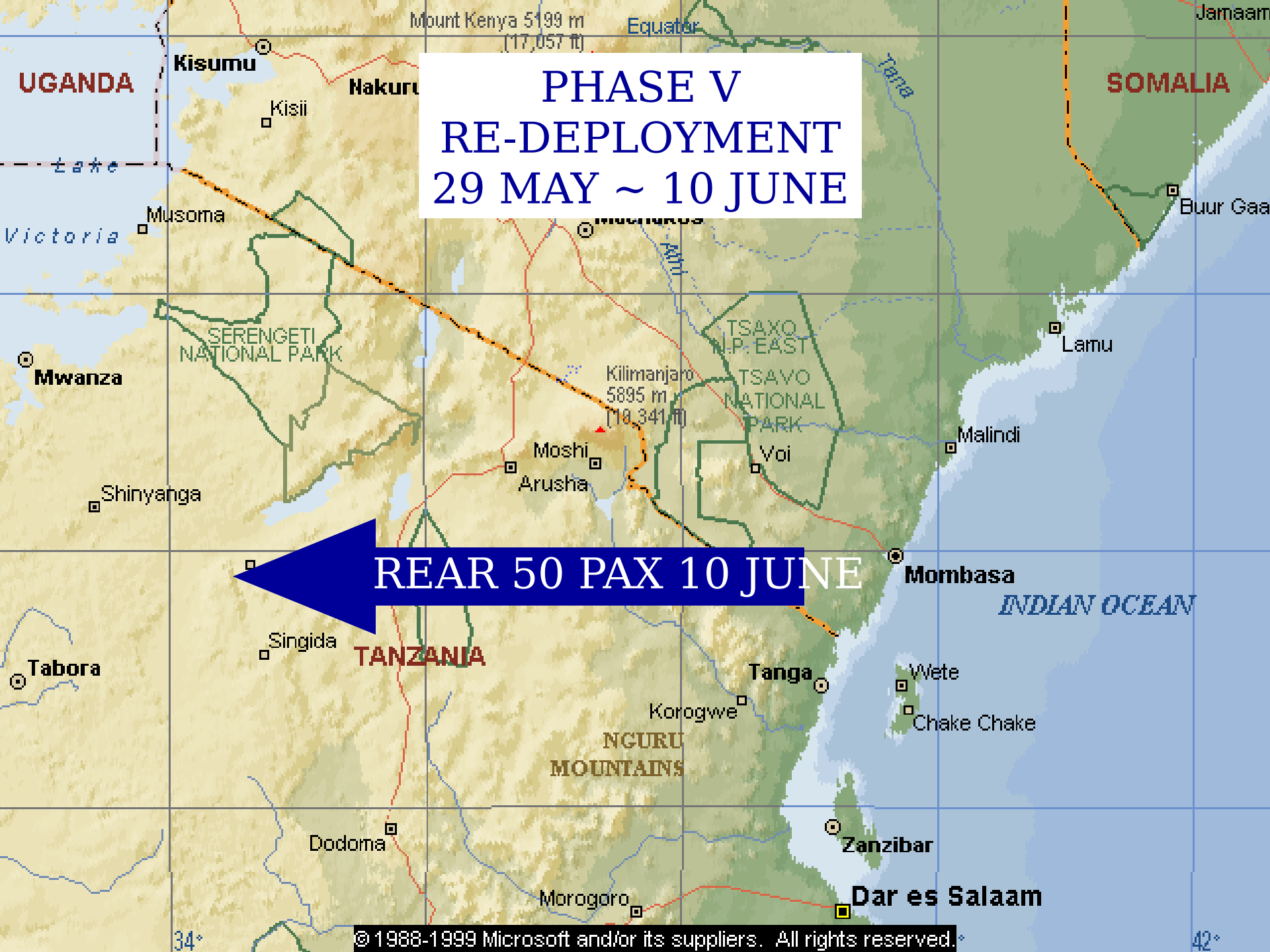

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C/JTF Surgeon Issues

- Medical Force Protection:
  - Personal Protective Measures Indoctrination and Preparation
  - Proper Immunizations (Mefloquine Prophylaxis)
  - Pro-active and Aggressive PrevMed inspection and monitoring of garrison environment
- Planning Issues:
  - Continuity in personnel assigned to plan and execute mission
  - Liaison with Embassy/KUSLO for in country support (funding, contracting, etc.)
  - Continuous liaison with HN Medical representatives
  - Extending care to coalition partners
  - Blood Products

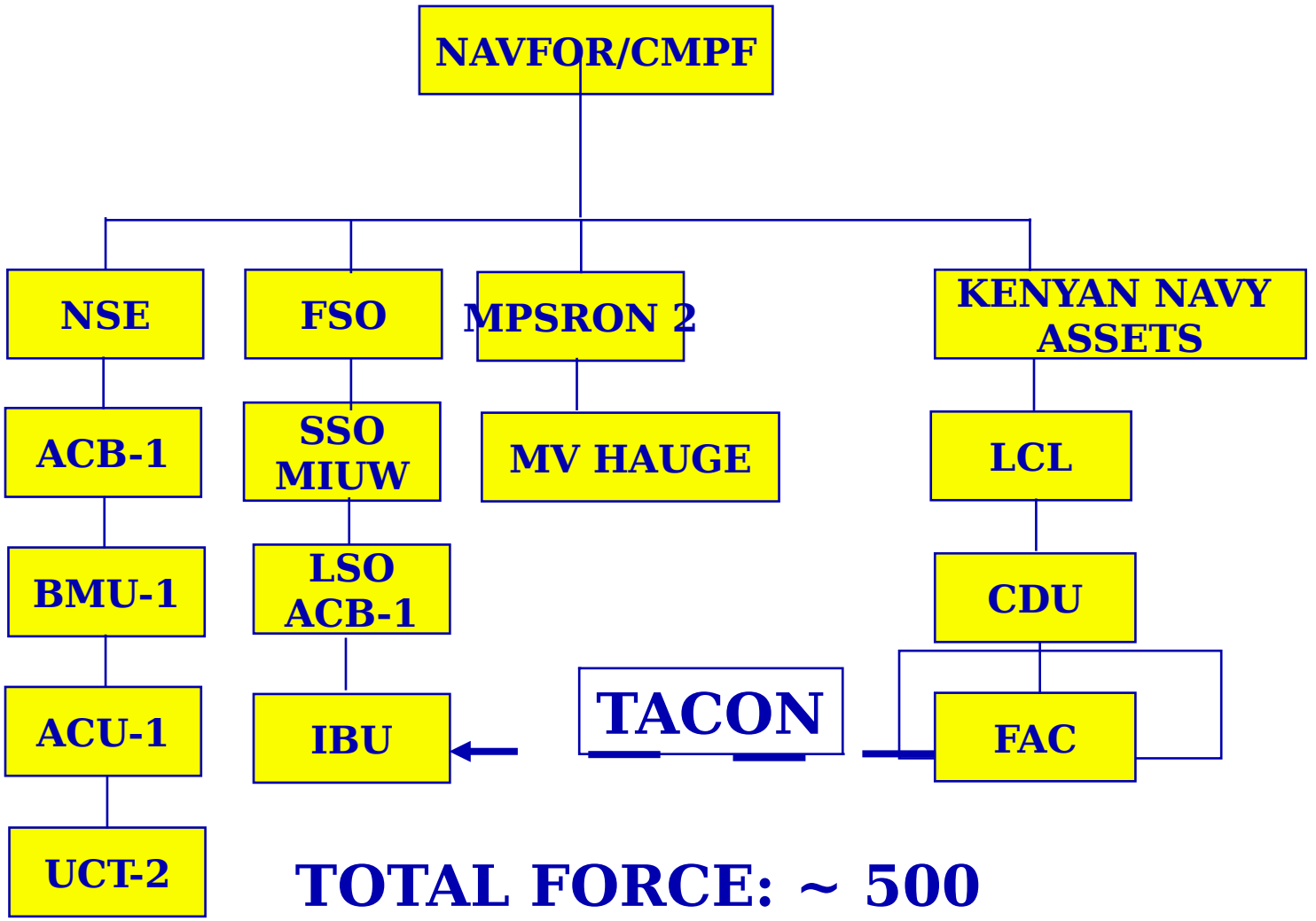
C/JTF Surgeon Issues

- Close and Frequent Liaison with distant component medical detachments (i.e., JSOTF, Air Det)
- Close and Frequent Liaison with in-country and strategic aeromedical evacuation assets (organic vs AMREF vs TPMRC)
- Active participation and insistence on medical input throughout the overall planning process.
- Ensure the line commanders understand the difference in quality of medical care and treatment facilities in 3rd world environments for our personnel.

NAVAL FORCES NATURAL FIRES 00

CDR Bruce Meneley, MC, USN

NAVFOR ORGANIZATION



TOTAL FORCE: ~ 500 PERS

PLANNING

- IPC/MPC/FPC
  - Site Visits
- Host Nation Liaison
  - Embassy/DAO
  - Host Nation military medical personnel
  - Peace Corps/NGO briefs
- Force Health Protection
  - Health & Safety presented as “THE Threat”
  - If it’s dangerous fauna or flora…, it’s in Sub-Saharan Africa
  - extensive personnel briefs are vital to success

Advance Party

- M.O.
  - Senior Doc for oversight and medical coordination
- IDC
  - Sick Call
- PMT
  - from DVECC
  - warehouse prep
  - assisted subordinate units
- Camp Construction

Main Body

- MPF Offload
  - lots of dangerous heavy moving parts
  - environmental hazards
  - 2 day evolution
- MPF Backload
  - end of mission - personnel focused on going home
  - 2-3 day evolution

Medical Coordination

- Published intel vs. site visits/host nation liaison
- Continuity issues →who visits vs. who goes
- Big Picture
  - JTF Surgeon overall in charge of plans & coordination
  - NavFor Surgeon for local control
  - JSOTF et al.
  - Host Nation Medical
- Medevacs
  - Tactical casevac - ground and local air transport
  - Strategic Airevac - USAF (via TPMRC), AMREF

Retrograde

- Issues:
  - Who is left after main body departs
  - How much medical support is needed
  - How much coordination is needed
  - what resources are available after main body leaves
- Decision
  - IDC stays behind

MARFOR ISSUES

ENS Steve Bailey, MSC, USN

MED DET Commander, BSSG-1

MED/DEN/VET CAP Summary

Component	MEDDEN	VET	
MARFOR	7124	571	7333
JSOTF (T)	1902	47	9394
JSOTF (K)	4254	00	29,459
TOTALS	13,280	618	46,186

Mass Casualty Event

16 May 2000

MEDEVAC COVERAGE

25 April - 12 May

- Primary service: African Medical Research Foundation (AMREF)

"Flying Doctors"
Out of Nairobi: 30 min launch
Hospital: Nairobi or Aga Khan, Mombasa

12 May - ENDEX

- Primary service: ACE

Dedicated day only
Out of MOI-Mombasa 30 min launch
After Hours: CJTF approved - 2hr launch (MAX)

Mass Casualty Event

- BSSG-1 ENG DET involved in 5 ton roll-over early morning 16 May 2000 with 17 Marines and Sailors.
- MED DET preparing to depart for MEDCAP, responded to call of MASCAL Event. Augmented by LCDR Spira and LCDR Lewis.
- Initial On-site medical care by HM3 Barraga, EngCo corpsman (and passenger on 5-ton).

Mass Casualty Event

- 8 minimally injured/4 Marines seriously injured:
  - LCpl R.L. cervical spine injury, mx rib fractures, abdominal trauma, right arm trauma, severe laceration left buttock, bilateral hemo-pneumothorax-->B/L Chest Tubes, Intubation/Ventilation, surgical debridement of laceration
  - Cpl K. R-B. hemo-pneumothorax, rib fractures->Chest Tube
  - LCpl L. Closed head injury, MSE changes.
  - LCpl A. Lower back contusion, transverse spinous fracture of lumber vertebra

Mass Casualty Event

- Decision not to await MEDEVAC from scene-delayed CH-53, heavy rain--4 seriously injured transported to Malindi clinic to Trauma Surgeon, Dr. Bebora, Kenyan Navy. “Field surgical suite” and team available.

- Stabilization and medevac via CH-53 at Malindi Airfield to Aga Khan Hospital in Mombassa. Problems with HN press intrusions.

- 48-72 hours intensive care at Aga Khan, care provided by JTF medical personnel and HN medical personnel.

Mass Casualty Event

- Liaison with TPMRC and MTF Landstuhl, critical care team mobilized to assist, arrived Mombassa.
- Many challenges overcome by treatment team regarding hospital facilities, resources, equipment.
- Logistic problems with medevac crew turn-around time, security escort and ambulances for transport to airfield for Medevac to Europe.

Mass Casualty Event

- Good liaison with Landstuhl for updates and GPMRC movement to CONUS.
- Critical Incident Debriefings for ENG DET and MED DET responders after incident.

Lessons Learned

Natural Fires 2000

Lessons Learned

- Identify deploying personnel and ensure their participation through entire planning process.
- Constant liaison for ever-changing HN mission and requirements.
- Early identification and dissemination of Force Medical Protection requirements.

Lessons Learned

- Constant communication and synchronization between JTF component medical detachments.

- Early determination of appropriate level of HSS to be “built into” mission requirements (i.e., FST/STP(-) for higher risk missions)

Lessons Learned

- Liaison with HN hospital staff to clarify, in advance, who's in charge of the care of U.S. servicemembers admitted to HN facilities.

- Ensure funding data is provided to US Embassy for Letters of Guarantee of payment to hospitals for care rendered to U.S. servicemembers.

Lessons Learned

- Identify, equip, and exercise Medical Emergency Response Teams prior to, and throughout, deployments.

- Ensure all component medical detachments have updated and identical JTF Medical LOI’s and Annexes for proper coordination.

Lessons Learned

- Do not assume medevac crews make berthing, meal, or logistical arrangements prior to arrival. Anticipate their needs to keep things on schedule.

- Engage PAO early and often for all events that attract HN media attention.

Lessons Learned

- Be prepared to support inpatient care with personnel, equipment, and supplies.

- Consider credentialling issues with HN MTF's if you expect US providers to care for patients in the HN MTF.

Lessons Learned

- Advocate for greater Preventive Medicine and education projects for MED/DENCAPS over “sick call evolutions.” Engage NGO’s, consider optometrists and eyeglass fabrication (as an example).

- Ensure adequate operational pauses in MEDCAP’s for resupply/reconfiguration and rest for personnel.

“Plans are Nothing,

Planning is Everything.”

QUESTIONS ?